

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578399

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL
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TOTAL
CLAIMS

14

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

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